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ABSTRACT

This paper reports an effort to classify parents of abused children according to existing and new typologies derived from parents' psychopathological personality profiles. Several previously reported typologies for abusive parents are reviewed and elaborated. In addition, reference is given to data and insights gained from an ongoing study of 50 abusive parents separated from their children as a result of child abuse. Parents receiving favorable prognoses were classified as being rigid-compulsive, as experiencing identity/role crises, or as being typified by displaced abuse/violence. Parents whose abusive behavior was a function of extremely maladaptive resolutions of major life issues were found to be hostile-aggressive, passive-dependent, or severely mentally ill. Prognoses for these three groups were considerably more guarded. The finding of a relatively high incidence of hostile-aggressive fathers and passive-dependent mothers of children in a residential program for severely abused children is suggested as an explanation for some of the pathology of children in the program. Classification schemes such as the one described are seen as helpful for treatment planning and permanency planning for abusive parents and abused children. It is also suggested that typological analyses based upon principal personality characteristics and dynamics may aid in formulating primary and secondary child abuse prevention procedures and programs. (Author/RH)

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# TYPOLOGY FOR PARENTS OF ABUSED CHILDREN

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## ABSTRACT

This paper reports an effort to classify the parents of abused children with some existing and some new empirically/clinically consistent typologies, which are derived from the parents' psychopathological personality profiles. Such a classification scheme is informative and helpful for both treatment planning and permanency planning for abusive parents and abused children, whether or not the children have been separated from their parents. Several previously reported typologies for abusive parents are reviewed and then elaborated in light of the additional data and insights gained from an ongoing study of 50 abusive parents who were separated from their children due to severe child abuse. Such typological analyses based upon principal personality characteristics and dynamics promise to help in formulating both secondary and even primary child abuse prevention procedures and programs.

The parent typologies which represent the more favorable prognoses, as determined by their therapist's estimate of their response to ongoing treatment, are those classified as rigid-compulsive, or experiencing identity/role crisis, or displaced abuse/violence.

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ABSTRACT (Continued)

Parents whose child abusive behavior is a function of extremely maladaptive resolutions of major life issues fall into the hostile-aggressive, passive-dependent, and severe mental illness typologies, where the prognoses are considerably more guarded. The relatively high incidence of hostile-aggressive fathers coupled with passive-dependent mothers as abusive parents to children in a residential program for severely abused children also helps explain some of the children's psychopathology.

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## INTRODUCTION

This is a report based upon an ongoing study regarding the evaluation and treatment of 50 abusive parents who were referred to The Village of Childhelp, U.S.A. (The Village) for treatment after their children were removed from their homes due to severe child abuse. This article does not explain why some parents abuse their children to the extent that court intervention and removal from their home is required. Rather it reports a pragmatic effort to classify parental clients into extant and elaborated typolcgies based upon their psychopathological profiles. This in turn is informative for both treatment planning and permanency planning for abusive parents and abused children, whether or not the children have been removed from their parents.

Studies based upon a sample of the incidence of child abuse as reported to police and social service departments have suggested a typology describing the principal characteristics, dynamics and probable outcomes of treatment for abusive families. These suggestions are presented in Table 1, which is derived from Kent, Weisberg, Lamar and Marx (1) and summarizes previous authors' typological schemes (2,3,4,5).

The etiology of abuse seems to depend upon a variety of sociological and psychological factors. Quantitative reports on the sociological factors have at least overcome the sampling difficulties encountered when findings are based solely on reported injuries, such as found in the National Center on Child Abuse and Neglect data. Straus (6) suggested the need for a further elaboration of the psychological factors involved in child abuse. After reviewing Merrill's (7) typology, Spinetta and Rigler (8) point out the usefulness of Merrill's simple, unifying, and efficient approach. The need for a further refining of these catagories, relying upon field and empirical studies, was also noted.

From a sample of 99 abused children, whose cases had been adjudicated by the Los Angeles County Juvenile Court, Kent et al. (9) relying upon an hierarchial clustering statistical technique, derived four distinct clusters or types of abusive incidents. Discriminating variables included noteworthy incidental variables such as the length of hospitalization, child variables such as birth complications, mother and father variables such as arrest records, family variables such as income, and, most importantly for the purposes of this analysis, the principal personality characteristics of the perpetrator(s). These same clusters are presented in Table 2 in a proposed modification of the aforementioned typology. Kent's et al. system was derived from a sample of investigated abusive families, that is, those whose abuse was serious and reported in

Los Angeles County. A further subsample of abusive families consists of those which are separated due to court-ordered removal and placement of their children in residential treatment facilities, with total relinquishment or reunification depending upon their collective progress toward meeting treatment goals. Just as the rates of reported child abuse have increased nationwide yearly, this most severe group has grown concomitantly.

An evaluation of services providing treatment which is based upon the principal personality characteristics and dynamics of the abusive parent would add considerably to formulating secondary and perhaps primary prevention programs. With cost-effectiveness in mind, a significantly streamlined treatment plan, concentrating on those areas which are most amenable to intervention and most crucial for reunification, seems in order.

METHOD

Since April, 1978, The Village has been treating families which were separated due to court-ordered placement of the children outside of their parents' care. These families are referred for treatment by the Departments of Social Services in Los Angeles, Riverside, San Bernardino, Orange, Imperial and San Diego Counties in Southern California. Parents whose infractions or deviance is so severe that they are incarcerated or committed to secure institutions are usually not included in the population of parents receiving treatment at The Village, although any typology of abusive parents should include this group.

Table 2 includes the probable DSM III (Spitzer, 10) Diagnosis, if applicable. Decisions for the diagnoses of these individual mothers and fathers were based upon the initial assessments which The Village clinical staff conducted prior to devising a treatment plan. Individuals rather than couples or parents are classified, since in every instance individual members of a couple were assigned to different typological headings.

Each of these diagnoses was based upon the criteria as presented in the DSM III. Sources of information for diagnoses include the parent's performance on a variety of psychometric instruments including the MMPI, the TAT, and the Loevinger Sentence Completion Task. Social histories obtained directly through a structured interview and indirectly through court records served as additional sources of information. These data are being accumulated for future analyses, including a breakdown of suspect factors (e.g., the Dicriminant Function subscale for parents at risk of abusing their children derived from the MMPI, 11) according to typology.

Assignment of each parent to one of the six categories was completed by one of six Village therapists (one Registered Art Therapist, two licensed Marriage, Family and Child Counselors, one licensed Clinical Psychologist, and two registered Psychological Assistants) who was assigned to a given case. As only one therapist was assigned to each family, reliability estimates were not possible. Nevertheless, with the exception of groups 4 and 5, these six groups are rather widely divergent and the task of assigning parents to one group or another was relatively easy.

These data represent an entirely retrospective analysis and fall outside the realm of the traditional and more rigorous experimental design which is so seldom appropriate for assessing client movement or characteristics in clinical practice. Such analyses, however, yield heuristic leads and suggest the direction for future quantitative and controlled empirical investigations.

Table 2 further presents some suggested goals and guidelines for treatment in these various groups and the number of each type of parent for which The Village received referral for reunification planning and treatment between April, 1978 and December, 1981. The largest groups appear to be the hostile aggressive group (28%) and the passive dependent group (38%). The severe mental illness group, which is characterized by excessive suspicion, intermittent dilusional episodes, and marked chronic instability of affect and relationships, constituted 16% of the total. The term borderline is used herein as a personality descriptor with some reticence due to the current controversy regarding this DSM III term.

Table 2 is an attempt to relate a variety of adult dynamics and characteristics which have been routinely compiled in The Village data base. This attempt is similar to the approach which family therapists (12) have relied upon to chart the relationships among parent and child psychopathologies. These relationships will be elaborated further in future reports.

The phases of a referred family's involvement with The Village and a program descriptor are presented elsewhere (13) One goal which the courts have regularly been recommending for parents to achieve

is enrollment in, regular attendance at, and successful competion of a parenting class such as the Systematic Training for Effective Parenting (STEP) (14). This recommendation is based upon the reported (15) usefulness of the STEP program in the primary prevention of child abuse and upon the general agreement that a large portion of parenting skills are learned and hence modifiable.

RESULTS AND DISCUSSION

Table 2 indicates the pattern of relationships among parent dynamics and characteristics and prognoses as predicted by their therapist's evaluation of the parent's response to treatment efforts.

The most favorable prognoses are with parents who have displaced anger upon the child on a relatively isolated occasion. Treatment in these cases generally involves aiding the parents in either resolving their conflicts or at least not directing the resultant anger toward their child(ren). Rigid-compulsive parents show a favorable response to treatment in that they tend to readily recognize the usefulness of non-punitive discipline, both in terms of its effective behavioral management and as a means to avoid the discomfort and embarrassment of further police or social service encounters (avoiding their own further punishment). These three groups (categories number 2, 4 & 5) represent the smallest proportions of parents referred for treatment to The Village.

They may be contrasted with the three more numerous groups which suggest incrementally more guarded prognoses. Although there has been some success with the hostile-aggressive parents, this usually is the result of relatively lengthy (18-24 months) treatment which

involves overcoming a significant degree of anger at the child protective system in general and at The Village in particular for their child's removal from their home.

In contrast, the passive-dependent parents, especially if they are single, offer a relatively poor prognosis. They are often unsure about their own ambivalent motives regarding the child and frequently seem caught between their desire to be free from the burden of parenting and their need (or a perceived social expectation) to maintain strong, albeit dependent, relationships with their child.

The more severely disturbed parents, who constitute 16% of The Village clients, constitute the most dysfunctional and least responsive segment of the clinical population. Their backgrounds are generally extremely chaotic and their current lives are marked by a variety of delusional and bizarre episodes. They tend to be extremely inconsistent in making contact or visits with their children in placement at The Village. They often have no contact for six to twelve months, then suddenly show up desiring reunification, only to drop out after a brief and dramatic (often traumatic) period of contact. It is unfortunate that this pattern of sporadic contact may fulfill the court's basic requirement to prevent relinquishment, but comes nowhere close to fulfilling the child's basic requirements for consistent parenting. Children of these parents and, to somewhat lesser extents, children of the single passive-dependent parents, because of the inconsistent pattern of parental contact, typically exhibit serious and chronic behavioral, social and emotional delays (16).

There is a noteworthy trend in the proportions of hostile-aggressive and passive-dependent parents. Ten of fourteen or 71% of the hostile-aggressive parents had partners who were passive-dependent parents. Nine of these ten consisted of a hostile-aggressive man coupled with a passive-dependent woman. In contrast, of the four remaining hostile-aggressive parents, one was a single mother, and the other three were men, one married to a rigid-compulsive and two married to a partner who was diagnosed as suffering a severe mental illness.

SUMMARY AND CONCLUSIONS

A summary is herein presented of the principal dynamics, diagnoses, some treatment considerations, and prognoses of 50 parents who were referred for treatment as a consequence of their children being placed at The Village. The parent typologies which present the least unfavorable prognoses as determined by their therapist's estimate of their response to treatment are the rigid-compulsive, identity/role crisis, and displaced abuse groups. These represent the smaller portions of The Village parent population, which is probably an indicator that the present social services systems are rather effective at providing services to families in homes which are more responsive to treatment and hence avoid the placement of a child outside the household. These three groups constituted 60% of the population described by Kent et al. (17), which suggests that relatively few of their population have children removed for placement out of the home. This interpretation is somewhat clouded by our analysis of individual abusive parents and Kent's et al. analysis of incidents of abuse.

Parents whose abuses represent extremely maladaptive resolutions of major life issues (i.e., the hostile-aggressive, passive-dependent, and severe mental illness typologies) seem analogous to Groth's (18) and Summit's (19) more intractable "fixated" sexually abusing adult, whose abuse presents as more compulsive and unrelated to any obvious stressful circumstances. These fixated individuals who typically have to be dealt with on an inpatient basis, are contrasted with Groth's and Summit's "regressed" sexually abusing adults, whose abuse is more clearly episodic, impulsive, and stress-related, making them better candidates for outpatient intervention with considerably better prognoses. The identity/role crisis and displaced abuse parents appear to fit this side of the analogy somewhat more clearly than do the rigid-compulsive parents.

More severely disturbed parents, representing more severe cases of abuse and neglect, are predominant in The Village parent population. The largest groups, comprised of passive-dependent and hostile-aggressive individuals, appear to represent the two halves of a parental dyad. Although the prognosis for practicing a more humane pattern of parenting is not favorable for either, the hostile-aggressive group appears to offer a less guarded potential. They may be more motivated, and are at least better suited than the passive-dependent group to survive, albeit their survival is likely to be problematic.

The more common pairing of hostile-aggressive man with a passive-dependent woman does not deviate from the expected norms of this population. Both may represent the sexual stereotypes of their

society, which is certainly no justification for their marked inability to appropriately parent their children.

Sexual stereotypes notwithstanding, the high rate of referral of hostile-aggressive/passive-dependent couples suggests that a large number of The Village children experience families in which one parent relies upon violence as a means for communication while the other parent is unable to prevent this violence from spreading to other members within their family. This may partially explain the high degrees of undulating aggressive interaction and helplessness seen in many of The Village children (20).

The most problematic group of parents in terms of diagnosis and prognosis referred for treatment are the severely disturbed parents. Their prognosis for providing a stable, humane household is extremely guarded. It is an unfortunate result of the Juvenile Dependency Court's desire to provide every opportunity for these parents to regain custody of their child that their cases tend to drag on for years. Children of these parents have been in placement with The Village longer than those of any other single typology, waiting for some resolution of their cases and an opportunity to join a "real" family. Hopefully, with the institution of the provisions of California Senate Bill 14, 1982, this tragic drift toward long term foster care and systemic abuse will be reversed thus enabling these children, along with all of the others in temporary out-of-home

circumstances, to move into permanent homes with parents prepared and motivated to meet their needs.

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TABLE 1 - TYPOLOGIES OF CHILD ABUSE (1)

6 MAJOR CATEGORIES

| AUTHOR | HOSTILE-AGGRESSIVE<br>1 | RIGID-COMPULSIVE<br>2 |
|---|---|---|
| Merrill (1962) | Hostile, aggressive parent<br>Continuous and uncontrolled anger stems from parent's internal conflicts. Parent has childhood history of severe emotional rejection and deprivation. | Rigid, compulsive parent<br>Parents defend their right to punish their children whom they perceive responsible for the parent's trouble. Parents lack warmth and protectiveness toward their children and make excessive demands on them |
| Delsordo (1963) | Overflow abuse<br>Child abuse is rooted in an overflow of the parent's own frustration and irresponsibility. Abuse is repetitive, but not directed to any one child. The mother is most often the abuser and the father usually does not live in the home. Abuse is uncontrollable. | Disciplinary abuse<br>Parents are rigid, controlled, and unfeeling. They defend their right to discipline their child, (usually an adolescent), for failing to comply with their expectations. Often they are upstanding citizens. Abuse is controllable. |
| Zalba (1961) | Pervasively angry and abusive parent<br>Abuse is an impulsive and unfettered expression of general rage and hostility, which is part of the parent's childhood-determined personality. There is no pattern to the abuse. Most often the mother is the abuser and the father does not live in the home. Abuse is uncontrollable. | Cold, compulsive disciplinarian parent<br>Abuse is in reaction to the child's need for closeness and affection, and interest in body and sex. Parents have impulsively clean homes. They defend their right to punish their children. Abuse is controllable. |

TABLE 1 - TYPOLOGIES OF CHILD ABUSE (continued)

| AUTHOR | PASSIVE-DEPENDENT | IDENTITY/ROLE CRISIS |
|---|---|---|
| | 3 | 4 |
| Merrill (1962) | Passive, dependent parent<br>Parent is dependent, immature, and prone to depression. Within the family unit, the parent competes with the child for the love and attention of the spouse. | Physically disabled father<br>Fathers are out of work, frustrated, and responsible for child care while the mothers work. They suffer loss of status as well as loss of physical abilities. |
| Delsordo (1963) | Battered child<br>Severe abuse of infant is perpetrated by parent with high dependency needs who sees the child as a burden or competitor which has to be destroyed. Often, only one child in the family is abused. Abuse is uncontrollable. | |
| Zalba (1961) | Depressive, passive-aggressive parent<br>Abuse represents anger and resentment at having to meet the needs of others, and at inability to meet the role expectations of a caretaker. Often only one child is abuseed, who is seen as a competitor or burden to the dependent parent. Abuse is uncontrollable. | Parent with identity/role crisis<br>Abuse represents the father's displaced anger at loss of capability for previous role performance. The father stays with children while the mother works. Abuse is controllable. |

TABLE 1 - TYPOLOGIES OF CHILD ABUSE (continued)

| AUTHOR | DISPLACED ABUSE<br>5 | SEVERE MENTAL ILLNESS<br>6 |
|---|---|---|
| Merrill (1962) | | |
| Delsordo (1963) | Displaced abuse<br>Abuse is due to misplaced parental hostility which stems from marital conflict. The abuser is usually the father. The child abused is generally of illegitimate conception or birth, brain-damaged, or a a pawn in marital conflict, Abuse is controllable. | Mental illness<br>Abuse is unpredictable, but ritualistic rather than impulsive. No particular psychiatric diagnosis is made. Abuse is uncontrollable. |
| Zalba (1961) | Impulsive, but generally controllable parent with marital conflict<br>Abuse is the result of marital conflict displaced on to the child; it is often limited to one child who is a pawn in the marital conflict or is illegitimate, etc. The father usually abuses. Abuse is controllable. | Psychotic parent<br>Abuse is unpredictable and ritualistic; i has idiosyncratic meaning related to the abuser. Abuse is uncontrollable. |

TABLE 2: MODIFIED TYPOLOGY FOR ABUSIVE PARENTS AT THE VILLAGE

| | 1 | 2 | 3 |
|---|---|---|---|
| PRINCIPAL PARENT CHARACTERISTICS: | HOSTILE-AGGRESSIVE | RIGID-COMPULSIVE | PASSIVE DEPENDENT |
| PRINCIPAL DYNAMICS: | Frustrated, impulsive & angry over childhood. Extroverted. Low SES & Neglect. | Overly high expections. Lack of warmth & understanding. Delayed child. | Immature, role reversal. Identified problem child. |
| DSM III LIKELIHOOD: | 301.7 Antisocial Personality | 301.4 Compulsive Personality | 301.6 Dependent Personality |
| ABUSE: | Uncontrollable | Controllable | Uncontrollable Acute/Severe |
| KENT et al.'s CATEGORIES: | | 2 | 4 |
| PROPORTION OF 50 PARENTS: | 14 | 3 | 19 |
| PARENT TREATMENT: | STEP. Institute impulse control. Redirect hostility. | STEP. Non-punitive discipline. Realistic expectations. | STEP. Psychotherapy. Home visitors. Rapport easy to establish but overly dependent & resentful. |
| PROGNOSIS: | Moderate | Good | Guarded |

TABLE 2: MODIFIED TYPOLOGY FOR ABUSIVE PARENTS AT THE VILLAGE (Continued)

| | 4 | 5 | 6 |
|---|---|---|---|
| PRINCIPAL PARENT CHARACTERISTICS: | IDENTITY/ ROLE CRISIS | DISPLACED ABUSE | SEVERE MENTAL ILLNESS |
| PRINCIPAL DYNAMICS: | Loss of job or role. Displaced anger | Marital conflict. Stepchild. | Unpredictable. Ritualistic. Suspicious. Project guilt/anger. Delusional. Emotional/ Sexual abuse. |
| DSM III LIKELIHOOD: | | 312.5 Isolated, explosive disorder. | 301.83 Borderline personality. Psychotic/Sadistic/Masochistic Retardation. |
| ABUSE: | Controllable Acute/Severe | Controllable Acute/Severe | Uncontrollable |
| KENT et al.'s CATEGORIES: | 3 | 1 | |
| PROPORTION OF 50 PARENTS: | 4 | 2 | 8 |
| PARENT TREATMENT: | STEP. Impulse control. Child & home management. Home visitors. | STEP. Marital/ Family therapy. Impulse control. | Prepare for relinquishment. |
| PROGNOSIS: | Good | Good | Extremely guarded. |